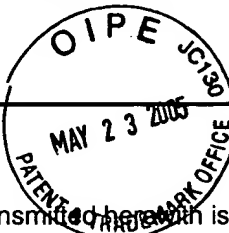
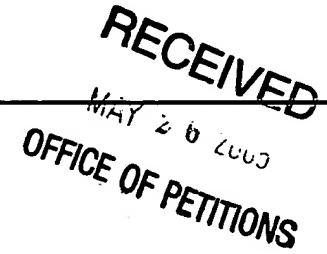
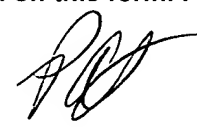
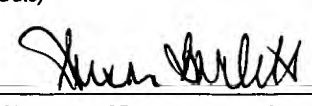


AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. Garnier-1	
Applicant(s): Garnier						
Application No. 09/582,049	Filing Date 9/18/2000	Examiner Ngoc Yen M. Nguyen	Customer No. 28581	Group Art Unit 1754	Confirmation No. 6845	
Invention: SILICON REFINING METHOD AND INSTALLATION						
 COMMISSIONER FOR PATENTS: 						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	12 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-2061 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: 5/20/2005			
Paul A. Schwarz Reg. No. 37,577 Duane Morris LLP P.O. Box 5203 Princeton, NJ 08543-5203 609-631-2446			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;"> 5/20/2005 (Date) </div> <div style="text-align: center;">  _____ Signature of Person Mailing Correspondence </div> <div style="text-align: center;"> Susan Barlett _____ Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)

Applicant(s): Garnier

Docket No.

Garnier-1

Application No.

09/582,049

Filing Date

9/18/2000

Examiner

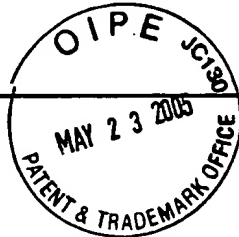
Ngoc Yen M. Nguyen

Customer No.

28581

Group Art Unit

1754

Invention: **SILICON REFINING METHOD AND INSTALLATION****RECEIVED**
MAY 26 2005
OFFICE OF PETITIONS

I hereby certify that this Petition to Revive; amendment and transmittal; cert. of mailing; postcard
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is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on
5/20/2005
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Susan Barlett

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(Signature of Person Mailing Correspondence)

Note: Each paper must have its own certificate of mailing.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/27/05</u>		2 Serial/Patent # <u>09/582,049</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		<u>5/23/05</u>	\$ <u>1020.</u>							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
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<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>1020.</u>							
10 REASON:		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check									
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>5</td><td>0</td><td>--</td><td>2</td><td>0</td><td>6</td><td>1</td> </tr> </table>			5	0	--	2	0	6	1
5	0	--	2	0	6	1					
<u>The Extension of Time period is over. No fee is due</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Irvin Dingle</u>		TITLE: <u>Patent Agent</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>(571) 272-3210</u>									
OFFICE: <u>Petition</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>6/28/05</u>									

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